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ТИББИЁТДА ЯНГИ КУН НОВЫЙ ДЕНЬ В МЕДИЦИНЕ NEW DAY IN MEDICINE

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<https://newdaymedicine.com>

E: ndmuz@mail.ru

Тел: +99890 8061882

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THE IMPORTANCE OF THE COURSE OF COVID - 19 IN PATIENTS WITH CARDIOVASCULAR DISEASES

Shodmonov Iskandar Sergeyevich e-mail: Iskandarshod@gmail.com
Oblokulov Abdurashid Rakhimovich <https://orcid.org/0000-0002-8807-3081>
e-mail: obloqulov.abdurashid@bsmi.uz
Mukhammadieva Musharraf Ibromimovna <https://orcid.org/0009-0004-6329-4883>
e-mail: muxammadiyeva.musharraf@bsmi.uz

Bukhara State Medical Institute named after Abu Ali ibn Sina, Uzbekistan, Bukhara, st. A. Navoi. 1
Tel: +998 (65) 223-00-50 e-mail: info@bsmi.uz

✓ Resume

SARS-CoV-2 virus-induced infection can occur in symptom-free or mild form, as well as severe form with a high risk of death, but the full clinical picture is not yet clear. Symptoms can appear on about 5-6 days of damage, while the period of stagnation can be 1-14 days. Also, the fact that the ratio of these immunological markers is a criterion that predicts the level of clinical severity and negative consequences of comorbid disease (concomitant course of coronavirus and cardiac pathology) in patients is presented through the results of a medical study.

Keywords: COVID-19, cardiovascular diseases, clinical course, complications, prognosis.

ВАЖНОСТЬ ТЕЧЕНИЯ COVID - 19 У ПАЦИЕНТОВ С СЕРДЕЧНО-СОСУДИСТЫМИ ЗАБОЛЕВАНИЯМИ

Шодмонов Искандар Сергеевич e-mail: Iskandarshod@gmail.com
Облокулов Абдурашид Рахимович <https://orcid.org/0000-0002-8807-3081>
e-mail: obloqulov.abdurashid@bsmi.uz
Мухаммадиева Мушарраф Иброхимовна <https://orcid.org/0009-0004-6329-4883>
e-mail: muxammadiyeva.musharraf@bsmi.uz

Бухарский государственный медицинский институт имени Абу Али ибн Сины, Узбекистан,
г. Бухара, ул. А. Навои. 1 Тел: +998 (65) 223-00-50 e-mail: info@bsmi.uz

✓ Резюме

Инфекция, вызванная вирусом SARS-CoV-2, может протекать как в бессимптомной или легкой форме, так и в тяжелой форме с высоким риском летального исхода, но полная клиническая картина пока не ясна. Симптомы могут появиться примерно на 5-6-й день после повреждения, в то время как период застоя может составлять 1-14 дней. Также тот факт, что соотношение этих иммунологических маркеров является критерием, который предсказывает уровень клинической тяжести и негативные последствия сопутствующего заболевания (сопутствующее течение коронавируса и кардиальной патологии) у пациентов, представлен результатами медицинского исследования.

Ключевые слова: COVID-19, сердечно-сосудистые заболевания, клиническое течение, осложнения, прогноз.

ЮРАК-ҚОН ТОМИР КАСАЛЛИКЛАРИ БИЛАН ОҒРИГАН БЕМОРЛАРДА СОВИД - 19 КЕЧИШИНИНГ АҲАМИЯТИ

Шодмонов Искандар Сергеевич e-mail: Iskandarshod@gmail.com
Облокулов Абдурашид Раҳимович <https://orcid.org/0000-0002-8807-3081>
e-mail: obloqulov.abdurashid@bsmi.uz
Мухаммадиева Мушарраф Иброхимовна <https://orcid.org/0009-0004-6329-4883>
e-mail: muxammadiyeva.musharraf@bsmi.uz

Абу али ибн Сино номидаги Бухоро давлат тиббиёт институти Ўзбекистон, Бухоро ш., А.Навоий
кўчаси. 1 Тел: +998 (65) 223-00-50 e-mail: info@bsmi.uz

✓ **Резюме**

SARS-CoV-2 вирус сабабли келиб чиққан инфекция симптомларсиз ёки енгил шаклда, ҳамда ўлим хавфи юқори бўлган оғир шаклда кечиши мумкин, аммо тўлиқ клиник кўриниш ҳали аниқ эмас. Симптомлар зарарланишнинг тахминан 5-6 кунда пайдо бўлиши, тургунлик даври эса 1-14 кунни ташкил қилиши мумкин. Шунингдек, ушбу иммунологик маркерларнинг ўзаро нисбати беморларда коморбид касалликнинг (коронавирус ва юрак патологияси биргаликда кечишининг) клиник оғирлик даражасини ва салбий оқибатларни олдиндан кўрсатиб берувчи мезон эканлиги тиббий тадқиқот натижалари орқали келтирилган.

Калит сўзлар: COVID-19, юрак-қон томир касалликлари, клиник кечиш, асоратлар, прогноз.

Relevance

The development of measures to identify and eliminate the risk factors that cause multi-organ inflammatory diseases in patients with COVID-19 on earth, as well as those that cause them, is one of the most important medical and economic problems of modern infectology [1-3]. On 11 March 2020, the WHO declared the new coronavirus infection epidemic a pandemic.

This pathology is more severe than in adults, with a mortality rate of 10-20%. It is the highest risk of death from COVID-19 in 60 years and adults [4]. In developed countries, the death rate from COVID-19 is 2.8% in adults and 1.7% in children [5].

COVID-19 is a dangerous disease that can occur in the form of an acute mild respiratory viral infection, as well as in severe form, the characteristic complication of which is viral pneumonia, as a result of which is complicated by the risk of death from acute respiratory distress syndrome or respiratory failure [6]. Severe forms of the disease can develop more in older people and in patients with certain diseases, asthma, diabetes and heart disease [7].

However, clinical practice shows that in patients with cardiovascular diseases, COVID-19 is characterized by the preservation of cardiovascular complications or the occurrence of new forms, not only in the acute period, but also at the stage of convalescence[8]. This situation necessitates the need for long-term follow-up and comprehensive rehabilitation of these patients [9-10].

Since the emergence of COVID-19, many scientific studies devoted to its clinical course, pathogenesis and complications have been conducted on a global scale. In particular, in patients with cardiovascular disease, the rejection characteristics of COVID-19 infection are of particular interest in clinical medicine [11].

The aim of the study was to study the characteristics of the course of COVID-19 in patients with cardiovascular diseases.

Materials and Methods

This study is a single-center retrospective cohort study, which we selected from all patients with confirmed COVID-19 infection who were admitted to the regional infectious diseases hospital in qarshi from March 21 to December 31, 2020. Clinical data was obtained from electronic medical cards, including demographic data, medical history, signs and symptoms, and laboratory data at the time of admission. Typical blood analyses were: leukocyte count (WBC), lymphocyte count (LYM), mononuclear count (MONO), neutrophil count (NEU), platelet blood samples. Parameters of blood biochemistry: aspartataminotransferase (ast), alaninaminotransferase (Alt), glucose (GLU), mochevina, creatinine, and C-reactive protein (SRO) were measured using the MINDRAY BS – 30 (China) automatic biochemical analyzer.

The diagnosis of a new coronavirus infection is based on epidemiological Anamnesis, history of the disease, clinical signs: sputum, difficult separable cough, difficulty breathing, wheezing in light tension or while standing still, signs of general poisoning (headache, numbness of the body, insomnia, anorexia, nausea, vomiting), decreased es-hush levels, as well as laboratory data. All tested patients were diagnosed with a new coronavirus infection diagnostic marker PKT using the IFT-method.

On the basis of the methodological instruction "on approval of Temporary Recommendations (tax 8) for the treatment of patients with Covid - 19 coronavirus infection", approved by the order of the Ministry of health of the Republic of Uzbekistan No. 82 of April 21, 2021, were allocated to groups.

Result and discussions

When classifying patients according to the occurrence of clinical signs, coughing was reported in 33 people with the middle severe form of COVID-19, in 59 people with the severe form, in a total of 112 people. Among other symptoms, in the percentage account, a cough sign was observed in 67.3% of people with a medium-severe form of the disease. Among patients with a severe form of COVID-19, however, the incidence of this symptom was significantly higher, with 83.1% reported in the patient. Among the 120 patients examined in total, 112 people (93.3%) were found to have a cough sign.

The second symptom observed in COVID-19 was sputum separation, with sputum separation occurring in 24 out of 49 patients with the middle severe form of the disease. This corresponds to about 49%. In its severe form, 41 out of 71 patients have been found to have this symptom, accounting for 57.7% of total patients. A total of 65 people (54.2%) were found to have sputum separation out of the 120 patients being examined.

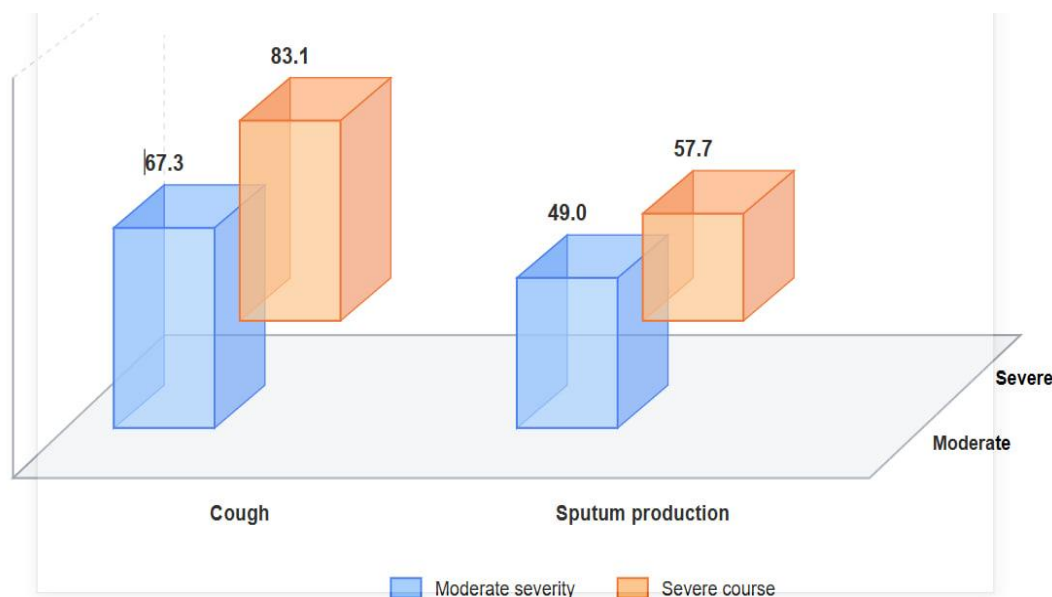


Figure 1. Occurrence of clinical signs of cough and sputum detachment in patients in the group under examination (%)

One of the main clinical signs encountered in patients under examination is shortness of breath. 25 out of a total of 49 patients with the middle severe form of COVID-19 complained of shortness of breath. In the percentage account, 51% of patients observed this symptom. Shortness of breath was reported in 41 out of 71 patients (57.7%) who experienced a severe form of the disease. In total, 54.2% of patients were found to have shortness of breath. The next symptom was sore throat, which was observed in 66 people in total, namely 55% of patients.

The results of clinical observation show that patients who have been diagnosed with COVID-19 coronavirus infection have a high comorbidity rate of prevalence of pathologies of the cardiovascular system.

When the comorbid background in the study group was analyzed, the highest was found to be the contribution of arterial hypertension (AG), with 93.4% of patients having this nosology. This indicator serves as the main factor that further aggravates the course of coronavirus infection in the context of systemic vasoconstriction and endothelial dysfunction (Table 1).

Table 1. The proportion of cardiovascular pathologies studied in patients

№	Name of existing cardiovascular disease	Percentage compared to the number of patients, in %
1.	Arterial hypertension	93,4 %
2.	Chronic heart failure	60,9 %
3.	Cardiac arrhythmias (arrhythmias)	40,1 %
4.	Ischemic heart disease	21,9 %

In the structural structure, chronic decompensation processes occupy the next places; in particular, 60.9% of patients have chronic heart failure and 40.1% have different manifestations of cardiac arrhythmias (arrhythmias). Direct and indirect (hypoxic, cytokine) damage to the myocardium caused by the SARS-CoV-2 virus increases the risk of acute heart failure several times against the background of these pathologies. The lowest was in the proportion of ischemic heart disease in 21.9% of patients.

The results obtained indicate that AG and Sue occupy a leading position in the structure of cardiovascular comorbidity in patients with COVID-19. This ensures that in the process of treating patients of this contingent, not only anti-viral and anti-inflammatory therapy, but also cardioprotective and antihypertensive treatment measures are prematurely and purposefully directed.

Conclusion

As can be seen from the results of our study, the results obtained are expected to reveal the features and complications of clinical relapse of covid-19 coronavirus infection in patients with cardiovascular diseases. It is scientifically substantiated that the biochemical and immunological indicators characteristic of heart damage in patients change, as well as their relationship with the severity of the disease. The results obtained are expected to allow the development of practical recommendations aimed at early diagnosis, effective treatment and Prevention of complications of COVID-19 infection in patients with cardiovascular diseases.

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